2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # G62410

1. Entity Name
TAXICAB 164, INC.

Principal Place of Business	Mailing Address
VICENTE MEDINA 3642 N.W. 22ND AVE. MIAMI, FL 33142 US	VICENTE MEDINA 3642 N.W. 22ND AVE. MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE

05062005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2651502
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GILBERTO
3642 N.W. 22ND AVE.
MIAMI, FL 33142

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

200005434731Z
05/12/05--01087--003 **150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AQUINO, JUAN ORIOL
STREET ADDRESS	40 CLINTON STREET
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	VTD
NAME	AQUINO, ESTRELLA
STREET ADDRESS	40 CLINTON STREET
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000366311
05/12/05-80008-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan O Aquino ORIOL AQUINO 5-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #